

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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2021 MAR 11 PM 2:31

Michael Jones 18 A1781

Write the full name of each plaintiff.

____ CV ____
(Include case number if one has been assigned)

-against-

New York City Department of
corrections, west facility,
Rikers Island, New York
city

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

COMPLAINT
(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Michael J. Jones JR
First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

18A1781

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

wende correctional facility
Current Place of Detention

wende RD. P.O. Box 1187
Institutional Address

Alden Ny 14004
County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- ☐ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☒ Convicted and sentenced prisoner
☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

Department of corrections
 First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City State Zip Code

Defendant 2:

First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City State Zip Code

Defendant 3:

First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City State Zip Code

Defendant 4:

First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: Rikers Island, west Facility

Date(s) of occurrence: march 2018 - May 2018

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

My statement of claim is
attached on sepearte paper that
is included in this motion.

State of claim

Page 1 of 2

Statement of claim

New York City Department of corrections is in violation of my constitutional rights, my 5th - 6th - 8th and 14th Amendment rights by the Department of corrections when I was placed on administrative segregation. The Board of corrections notified D.O.C that this violation did not meet the minimum standards of confinement, also the Board of corrections notified the D.O.C that administrative segregation, in west facility on Rikers Island, was not sanctioned in New York City and there is no written policy governing the operation of an administrative segregation unit in New York City.

This practice was not permissible and New York City's mandatory requirement is that inmates be outside their cell for 14 hours a day. By being placed in west facility on administrative segregation without notification of classification or just reasoning violates due processing as well. we were denied the means to challenge this classification because we were also denied the Grievance procedure. There was no opportunity to appeal and no periodic review. I was also denied access to the courts because there was no law library. I was also denied mental health counseling and treatment and medical attention. At times I was locked in my cell without recreation for over 24 hours.

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Part of D.O.C's reason for this violation is a discrimination because I'm Gay and my choice of religion. D.O.C is also aware that I am mentally ill and denied me the minimum standards of mental health treatment and counseling. Also I wear hearing device and was not afforded batteries for my hearing device. I was abused mentally and verbally by staff.

In this civil suit I am requesting to be compensated 3,000,000.00 for mental anguish, denial of access to law library, denial of mental health counseling and treatment, denial to recreation and 24 hour cell confinement, denial to file a grievance, denial of due processing and the violation of being placed in a unsanctioned housing unit that violates the minimum standards of New York City Corrections.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

mental health anguish, pain and suffering
depression, suicide attempts, weight
and health problems, unable to
properly defend myself because of no access
to law library which resulted in conviction.
Loss of family and community ties

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I am requesting \$3,000,000.00
and the closing of Rikers Island west
facility compound.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

3-6-21
 Dated
Michael James JB
 Plaintiff's Signature
Michael J James JB
 First Name Middle Initial Last Name
wende correctional facility, wende RD. P.O. Box 1187
 Prison Address
Alden New York 14004
 County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 3-6-21

NEW YORK STATE
DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
OFFENDER CORRESPONDENCE PROGRAM

NAME: Michael Jones DIN: 18 A 1781

Legal Mail

WEINDE CORRECTIONAL FACILITY
Weinde Rd., P.O. Box 1187
Alden, New York 14004-1187

NAME: Michael Jones DIN: 18A1781

LEGAL MAIL

WEINDE



NEOPOST

03/08/2021

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UNITED STATES



ZIP 14004

Southern District of New York

500 Pearl Street

New York - NY - 10007

SDNY
MAR 11 2021

REC'D
SDNY PRO

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